

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$841.00 for date of service 08/27/01 .
- b. The request was received on 02/19/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 02/19/02
  - b. HCFA
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. HCFA
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/03/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 04/04/02. The carrier did not submit a 14 day response. The carrier did submit a response dated 02/26/02. All information in the case file will be reviewed.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: The requestor states in the correspondence dated 02/19/02, "Our contention is: The treatment received was medically necessary, pre-authorization was received, and

billing was done in accordance with TWCC fee guideline. Therefore, payment should be made in accordance with said guideline.”

2. Respondent: The respondent did not submit a response.

#### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 08/27/01.
- The carrier denied reimbursement by denial code, “F – WHEN INTRODUCING ADDITIONAL MATERIALS THRU THE SAME PUNCTURE SITE, REIMBURSEMENT SHALL BE ALLOWED FOR THE MATERIAL ONLY. (TWCC MFG PAGE 66). There are no other EOB(s) or medical audits noted, therefore, the Medical Review Division’s decision is rendered based on the denial codes submitted prior to the date of this dispute being filed.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
08/27/01 08/27/01	62281 62284	\$560.00 \$281.00	\$0.00 \$0.00	F F	\$324.00 \$303.00	MFG SGR (I) (E) (4) (d); CPT descriptors	“When introducing additional materials through the same puncture site, reimbursement shall be allowed for the materials only, using the appropriate HCPCS code...” The medical report failed to delineate puncture sites. <b>No</b> reimbursement is recommended.
<b>Totals</b>		\$841.00	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 25th day of June, 2002.

Donna M. Myers, B.S.  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.